MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/031533

FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
3		1				
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TOTAL IND.	2					
TOTAL DEP.		10				
TOTAL CLAIMS	12					

Claim	IND.	DEP.	IND.	DEP.	IND	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS